

**USAG Brussels CYS Youth Sponsorship Application  
Newcomer/Sponsor**

**Please Print**

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Gender: male \_\_\_ female \_\_\_ Date of Birth(day/month/year): \_\_\_\_\_ Age: \_\_\_\_\_  
When will you arrive in Brussels? \_\_\_\_\_  
Mailing address: \_\_\_\_\_  
E-Mail address: \_\_\_\_\_  
Home telephone #: \_\_\_\_\_ Sponsors current duty phone #: \_\_\_\_\_  
Sponsor's duty section in the Tri-Mission Community: \_\_\_\_\_  
Which grade will you be entering into? \_\_\_\_\_  
Which languages do you speak? \_\_\_\_\_  
Check each activity you enjoy:  
Soccer \_\_\_ Baseball \_\_\_ Dance \_\_\_ Flag football \_\_\_ Wrestling \_\_\_ Music lessons \_\_\_  
Basketball \_\_\_ Drama \_\_\_ Computers \_\_\_ Art/Craft \_\_\_ Reading \_\_\_ Scouts \_\_\_  
Cycling \_\_\_ Pool (billiards) \_\_\_ Singing \_\_\_ Tennis \_\_\_ Pets \_\_\_  
Outdoor Adventure \_\_\_ Writing \_\_\_ Camping \_\_\_ Movies \_\_\_ Baby-sitting \_\_\_ Aikido \_\_\_  
Other: \_\_\_\_\_

\_\_\_ I want a **Welcome Packet** filled with important information about Brussels and Belgium.

**Parent Consent and Agreement to Release**

Child's name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First

I hereby give permission for my son/daughter \_\_\_\_\_ to participate in the USAG Brussels CYS Sponsorship program. My child may participate in all program related activities including: parties, community tours, trips by bus and train, sports activities, swimming, barbeques, movies, and dances.

If you would like to exempt your child from any specific program activity, please list:

\_\_\_\_\_  
My child (legal ward) is allergic to the following drugs:

\_\_\_\_\_  
My child (legal ward) has the following medical concerns: \_\_\_\_\_

Parents name:

\_\_\_\_\_  
Last First Rank Duty phone: \_\_\_\_\_

I certify that the above information is correct and hereby consent to my child's participation in the USAG Brussels Child and Youth Services program. I hereby agree to waive and discharge CYS, its staff and volunteers from liabilities or injuries incurred as a result of participation by the above named child in all official Youth Sponsorship activities. I further agree to indemnify Child and Youth Services, its staff and volunteers for any claim against me and/or them by any person resulting from the act and/or neglect of the above named child.

Parents signature: \_\_\_\_\_ Date: \_\_\_\_\_